

Law Offices of

SENNIGER POWERS

One Metropolitan Square, 16th Floor
St. Louis, Missouri 63102Telephone (314) 231-5400
Facsimile (314) 231-4342RECEIVED
CENTRAL FAX CENTER

JUL 21 2005

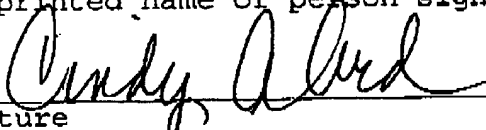
RECEIVED
OIP/EIAP

JUL 22 2005

FACSIMILE TRANSMITTAL COVER SHEET

DATE: July 21, 2005 ATTORNEY DOCKET NUMBER: SLU 4525.1
PTO FACSIMILE NUMBER: 571-273-8300PLEASE DELIVER THIS FACSIMILE TO: Mail Stop Amendment
THIS FACSIMILE IS BEING SENT BY: Frank R. Agovino
NUMBER OF PAGES: INCLUDING COVER SHEETTIME SENT: OPERATOR'S NAME Cindy

CERTIFICATION OF FACSIMILE TRANSMISSION

I hereby certify that this paper is being facsimile transmitted to
the Patent and Trademark Office on the date shown below.Cindy A. Ard
Typed or printed name of person signing certification

Signature 7-21-05
DateType of paper transmitted: Amendment A, Two Terminal Disclaimers,
Fee TransmittalApplicant's Name: Richard D. BucholzSerial No. (Control No.): 10/068,064 Examiner: Ruth S. SmithFiling Date: 2/5/02 Art Unit: 3737 Confirmation No. 8325Application Title: SYSTEM FOR INDICATING THE POSITION OF A
SURGICAL PROBE WITHIN A HEAD ON AN IMAGE OF
THE HEADIF YOU DO NOT RECEIVE ALL PAGES CLEARLY, CALL BACK AS SOON AS
POSSIBLE. CONFIRMING NUMBER IS (314) 231-5400.

FEE TRANSMITTAL

Application Number 10/068,064
Filing Date February 5, 2002
Inventor(s) Richard D. Bucholz
Examiner Name Ruth S. Smith
Attorney Docket Number SLU 4525.1

Art Unit 3737
Confirmation No. 8325

[] Applicant claims small entity status.

METHOD OF PAYMENT

[X] The Commissioner is hereby authorized to charge the indicated fees to Deposit Account No. 19-1345. The Commissioner is hereby authorized to charge any under payment or credit any over payment to Deposit Account No. 19-1345.

[] Check Enclosed. The Commissioner is hereby authorized to charge any under payment or credit any over payment to Deposit Account No. 19-1345.

FEE CALCULATION

1. [] BASIC FILING, SEARCH AND EXAMINATION FEES
(Type: _____) Subtotal (1) \$ _____

2. [] EXCESS CLAIM FEES

Total Claims ____ - ____ (HP) = ____ x Fee ____ = \$ _____
Indep Claims ____ - ____ (HP) = ____ x Fee ____ = \$ _____
Multiple Dependent Claims Fee \$ _____
(HP = highest number of claims paid for)

Subtotal (2) \$ _____

3. [] APPLICATION SIZE FEE

Total Pages ____ - 100 = ____ ÷ 50 = ____ x \$250 = \$ _____
(Application + Drawings) (round up to whole #)

Subtotal (3) \$ _____

4. [X] OTHER FEE(S)

[] _____ month extension of time
[] Information disclosure statement
[] 37 CFR 1.17(q) processing fee
[] Non-English specification
[] Notice of Appeal
[] Filing a brief in support of appeal
[] Request for oral hearing
[X] Other: Two Statutory Disclaimers (\$130/each)

Subtotal (4) \$260.00

TOTAL AMOUNT OF PAYMENT \$260.00

Frank R. Agovino
Frank R. Agovino, Reg. No. 27,416
Telephone: 314-231-5400

7/21/05
Date

FRACwa

FAX NO. 3142314342
RECEIVED
CENTRAL FAX CENTER
JUL 21 2005

SLU 4525.1

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application of Richard D. Bucholz

Art Unit 3737

Serial No. 10/068,064

Filed February 5, 2002

Confirmation No. 8325

For **SYSTEM FOR INDICATING THE POSITION OF A SURGICAL PROBE
WITHIN A HEAD ON AN IMAGE OF THE HEAD**

Examiner Ruth S. Smith

July 21, 2005

AMENDMENT A

TO THE COMMISSIONER FOR PATENTS,

SIR:

In response to the Office action mailed April 29, 2005, please enter the following amendments and consider the following remarks.

Amendments to the Specification and/or Abstract begin on page 2 of this paper.

Amendments to the Claims are reflected in the listing of claims which begins on page 4 of this paper.

Remarks begin on page 10 of this paper.